

Dependent Eligibility:

- **Legal Spouse**, as a result of a marriage that is valid and recognized by State of Nebraska law.*
- **Children** up to age 26, including:
 - Natural child
 - Step child, if enrolled in Family coverage
 - Legally adopted child
 - Child placed with you for adoption
 - Child, or grandchild, for whom you have legal custody, legal guardianship or court ordered custody
- **Child over 26**, if disabled and dependent upon you for support
 - Child must be disabled prior to age 26
 - Child must be covered on the State health plan upon attaining age 26

*Only marriage between a man and a woman shall be valid or recognized in Nebraska, per Article I-29 of the Nebraska State Constitution.



LB551 – Dependents up to Age 30

Effective January 1, 2011, an employee may elect to continue coverage to age 30 for a dependent child who would otherwise lose coverage when he/she attains an age which exceeds the plan's limiting age, provided that the following criteria are met:

- The child remains financially dependent upon the employee; and
- The child was covered as an Eligible Dependent at the time coverage would have terminated.

In order to elect continuation coverage for a child under age 30 the dependent must currently be covered under the plan and lose coverage due to the eligibility. Contact your HR representative to enroll.

The premium for continuation coverage will be equal to the plan's full, unsubsidized single adult premium. The employee will be responsible for paying the full premium each month through post tax payroll deduction.

The coverage will terminate if:

- The employee requests the termination because they no longer meet the criteria
- The employee's coverage with UnitedHealthcare terminates
- The covered dependent:
 - Marries
 - Is no longer a resident of Nebraska
 - Receives coverage under another health benefit plan or self-funded employee benefit plan
 - Attains age 30

Continuation coverage will terminate at the end of the month in which any event listed above occurs. Coverage cannot be reinstated once it has been terminated.

Dependent (Spouse & Children) Eligibility Verification Process

The State contracts with UnitedHealthcare and Aon Hewitt to verify eligibility of all new dependents added to the State's health insurance plans. This process is necessary to ensure only eligible dependents are enrolled in State plans.

You will receive a request by U.S. Mail from Aon Hewitt to submit requested documentation to Aon Hewitt in order to verify that all newly added dependents meet the definition of an eligible dependent.

Failure to respond and provide the requested documentation by the stated deadline will result in loss of coverage for your dependent(s) and may result in disciplinary action up to and including termination of employment.